

**DUE ANNUALLY on or before
December 31st of the current year**

Issuer-Agent Renewal

Name of Issuer

Your Issuer number

Address (street address, NOT PO Box)

Issuer MAILING ADDRESS (enter if different than address listed at left)

City

State

Zip Code

☐ Check if your address
has changed since
your last renewal

Tax ID number (FEIN)

☐ Check if your mailing address has changed since your last renewal

Contact person name and title

Contact person phone number

Contact person email address

Issuer-Agent listing

List each agent of this issuer. You may use the space below, or attach a substitute list prepared on your office automation equipment. If you choose a substitute list, it must provide the same information in the same order as the format below. It must be in an easily readable typeface, 10pt. or larger.

1 Name of agent

Home address (must be street address--no PO Boxes)

City

State

Zip Code

Agent Social Security Number

3 Name of agent

Home address (must be street address--no PO Boxes)

City

State

Zip Code

Agent Social Security Number

2 Name of agent

Home address (must be street address--no PO Boxes)

City

State

Zip Code

Agent Social Security Number

4 Name of agent

Home address (must be street address--no PO Boxes)

City

State

Zip Code

Agent Social Security Number

Renewal Fee Calculation—Each Issuer-Agent is subject to a \$65 per agent renewal fee. Complete table below.

	Quantity	Amount Due
Agent Renewal (quantity x \$65.00)		

Make check for full amount due payable
in US dollars to: State of Michigan

C3 Validation code: 9

**Mail completed form and any
attachments with payment to:**

**Office of Financial and Insurance Services
Qualification Assessment/Licensing Section
611 W Ottawa St
PO Box 30220
Lansing MI 48909-3127**

Certification

I swear under penalty of perjury that the information given in and attached to this application is true, complete and correct.

Signature of officer, member or owner

Date signed

Signer's name and title (*typed or printed*)

Authority: PA 265 of 1964 as amended. Failure to properly file will result in expiration of your registration.

Visit OFIS on the Web at:
www.michigan.gov/ofis



Michigan Department of Consumer & Industry Services
"Serving Michigan...Serving You"



Phone OFIS toll-free at:
1-877-999-6442

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.